

U.S. Department of Commerce
National Oceanic and Atmospheric Administration
REQUEST FOR AIRCRAFT SUPPORT

MAIL OR FAX COMPLETED FORM TO: NOAA Office of Marine and Aviation Operations, Program Services and Outsourcing Division (OMAO3),
SSMC#3 Room 12872, 1315 East-West Highway, Silver Spring, MD 20910. Fax: 301-713-1541, Phone: 301-713-1045

1. PROJECT NAME (OR BRIEF DESCRIPTION OF MISSION)

2. NOAA STRATEGIC PLAN ELEMENT SUPPORTED BY THE PROJECT (SELECT ONE ☒)

☐ UNKNOWN

☐ SUSTAIN FISHERIES

☐ PROTECT SPECIES

☐ SAFE NAVIGATION

☐ DECADAL/CENTENNIAL

☐ HEALTHY COAST

☐ SEASONAL/INTERANNUAL

☐ ASTWFS

3. REQUESTED PROJECT DATE(S)

4. TOTAL NUMBER OF PROJECT DAY(S)

5. REQUESTED FLIGHT HOURS

6. TYPE OF AIRCRAFT REQUESTED

7. PROJECT AREA (STAGING AREA AND AREA OF OPERATION)

8. FLIGHT SCHEDULE PROFILE(S) (IE. ALTITUDE, SPEED, DURATION, TIME OF DAY, REQUIRED WEATHER)

ADDITIONAL INFORMATION WILL BE NEEDED FOR PROJECTS REQUIRING AIRCRAFT MODIFICATION AND/OR INSTRUMENTATION

9. ABSTRACT OF PROPOSAL/BRIEF DESCRIPTION OF PROGRAM OR PROJECT

10. DO YOU REQUIRE DROPSONDES FOR YOUR PROJECT? (SELECT ONE ☒)

☐ YES ☐ NO (IF NO, SKIP TO BLOCK 11)

IF DROPSONDES REQUIRED, LIST TOTAL NUMBER NEEDED: _____

IS FUNDING AVAILABLE TO PURCHASE YOUR DROPSONDES? (SELECT ONE ☒) ☐ YES ☐ NO

11. IF A NOAA FLEET AIRCRAFT IS UNAVAILABLE OR NOT ECONOMICAL, DO

YOU REQUEST ASSISTANCE IN LOCATING A SUITABLE AIRCRAFT TO
SUPPORT YOUR PROJECT/MISSION? (SELECT ONE ☒)

12. FUNDING SOURCE: (SELECT ONE ☒)

☐ NOAA FUNDS

☐ NON-NOAA FUNDS ☐ UNKNOWN

13. PRINCIPLE INVESTIGATOR/PRIMARY POINT OF CONTACT
(Complete address, phone, fax, Email)

14. FUNDING AGENCY/SPONSOR AUTHORIZED TO SIGN THE FINANCIAL
OPERATING PLAN (FOP) (Complete address, phone, fax, Email)

Signature/Date

Signature/Date